

AGENCY REQUEST FORM

West Virginia Offices Of The Insurance Commissioner

P. O. Box 50541, Charleston WV 25305-0541

Telephone (304) 558-0610

FAX (304) 558-4966 *(Use Fax only for items that do not involve submitting a fee)*

AGENCY NAME: _____

WV LICENSE #: _____ **FEIN #:** _____

The following is requested:

1. LETTER OF CERTIFICATION -- \$5.00 per letter requested

A Letter of Certification is issued to an actively licensed resident agency who is applying for a non-resident license in another state.

Enclose a self-addressed return envelope.

Letters requested ____ X \$5.00 per letter = \$_____ Amount Due

Please record:

Check # _____ *(Check payable to: West Virginia Offices of the Insurance Commissioner)*

Date of Check _____

2. CHANGE OF ADDRESS

From: _____

To: _____

3. CHANGE OF NAME

From: _____

To: _____

**Name change--include copy of documentation of the name change.*

NOTE: There is no charge for address change or name change.

Signature of Requestor

Date

Telephone Number